

Special Diets - Where Do We Start?

Eating a variety of healthy foods is the basis of good nutrition for children and adults. At the same time, we know that 28% of parents report some type of adverse reaction to food for their children and approximately 8% of children may have a true food allergy. When we learn that a child needs a special diet we want to understand how best to meet that child's needs.

Knowing why a child requires a special diet can help us know what foods to offer, what foods to avoid and how the texture of food may need to be modified. Special diet requests can be categorized as family or child choices or a medically based need. Family and child choice-based special diets include religious and individual preferences, such as a vegetarian diet, as well as food idiosyncrasies that are really a non-medical aversion to a food. Medically-based special diet requests can include texture modified diets for children who have chewing and swallowing difficulties as well as food allergies that involve the immune system, food intolerances that involve digestion or metabolism and food irritants such as reactions to the acids in fruits. Unless there is a documented medical need for the special diet, the child care program can decide what they can accommodate and what they cannot.

Special Diet Requests	
Family Choices	Medical Need
Religious Choice	Texture Modification
Vegetarian	For chewing or swallowing difficulties
Kosher	Food Allergy
Halal	A reaction of the body's immune system to something in a food or food ingredient
Parent Preference	Food Intolerance
"I don't want my child to eat..."	A reaction of the body's digestion or metabolism (but not the immune system) to something in a food, i.e. lactose intolerance
Food Idiosyncrasy	Food Irritant
Reaction of a food or ingredient that is specific to an individual person, i.e. don't enjoy the taste or gag when specific food is offered	A reaction caused by the acid in a food coming in contact with the mouth or skin, i.e. raw fruit

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Food allergy, intolerance, and irritant symptoms can range from a mild rash or blotches on the skin to a severer life threatening anaphylactic reactions that closes the airway making it impossible to breath. When discussing special diets with families it is important to ask and document three important questions:

- What happens to your child if they are given that food?
- How sensitive is your child to that food?

Do we just need to avoid offering it to your child or are they sensitive to the food if it is in the room or touches their food on a serving platter?

- What will we need to do if your child is exposed to that food?

The answer to these important questions along with your discussions with the physician and family will guide your plans for the child's diet and emergency care.



The best treatment for a food allergies, intolerances, and irritants is avoidance of the food or foods. Every effort will need to be made to assure that special diets can be accommodated in the child care facility. This will mean educating all staff who will be involved in the child's feeding, care, and supervision.

Common Symptoms Associated with Food Allergies	
Skin	Nervous System
Swelling	Muscle weakness
Rash	Irritability
Blotches	Headache
Hives	Breathing and Respiratory Changes
Digestive	Itchy and watery eyes
Diarrhea	Runny or stuffy nose
Nausea	Coughing
Vomiting	Sneezing
Cramps/Gas	Wheezing
Colic	Swallowing problems
Heart/Cardiovascular	Itchy swollen lips
Decreased blood pressure/fainting	Trouble breathing
Increased heart rate	Antihelixes
Shock	

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Children often describe these symptoms in their own words like “my tongue feels itchy” or “I feel like something is stuck in my throat” or “my skin feels like bugs are crawling on me.”

Child care centers and homes will want to have an emergency plan that includes policies and procedures for how they will handle possible food allergy reactions if they should occur. The plan will certainly include contacting the family, but will also include what steps will be taken if the family is not immediately available. If you think a child is having an allergic reaction, you will want to follow your emergency plan immediately.

Texture Modification

One of the most common special diets required in the child care setting is a modification of the texture of everyday foods. If a child has difficulty chewing or swallowing, the texture of foods may need to be changed to make them easier for the child to swallow. This may be a minor modification simply requiring that food be cut into small pieces for the child or a more significant change in the foods texture may be needed to assist the child in eating and swallowing.

Communication between parent, doctor, and child care providers is important to assure that the child’s special diet is understood. Terms used to describe modifying the texture of food can vary and it is easy to misunderstand the degree to which the texture of food needs to be modified. A casual comment of “just cut his food up for him” can mean very different things to different people. The following definitions are for communication purposes only. We want to clearly define what the doctor and family are requesting to be offered to the child. Clearly defining our terms goes a long way to assuring our communication is clear.



❖Chopped Food Diet

- Regular foods chopped with a knife into easy to swallow pieces
- De-bone all meats
- Remove skin and excess fat
- Follow doctor’s size recommendations such as: ¼” pieces or ½” pieces

❖Mechanical Chopped/ Mechanical Soft Diet

- Regular food that is mechanically altered to a course consistency by short quick pulses in a food processor
- Smaller and more consistent pieces than chopped

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❖Pureed

- Regular food that is mechanically altered to a ground meat consistency or the consistency of corn meal by processing in a food processor or blender
- This texture cannot be prepared by hand

❖Blenderized

- Regular food that is mechanically altered to a smooth baby food type consistency by using a food processor or blender with added liquid
- Liquid can include water, juice, or broth, whatever is suitable for the food being prepared



Once the consistency of the diet is identified, the child care staff may want to observe how the family offers the food to the child. Can the child feed him/herself or does the care provider need to assist the child at the table or feed the child?

As we clarify the modified texture the child needs and the feeding style that most benefits the child, we will also want to assure that the modified texture diet also meets the child's nutritional needs. The Dietary Guidelines and the USDA nutrition standards outlined in the Child and Adult Care Food Program meal pattern can be used

as a guide. The family and physician will be monitoring the child's weight and growth to assure that an adequate amount of food, calories, and nutrients are offered. Small modifications in the meal plan can be made as the child grows and as the medical needs change.

Communication is the key to success. Our goal is to offer good nutrition that meets the needs of all the children we serve.



Recipe to Try

Pumpkin Pudding B-07¹

Instant nonfat dry milk	1 ½ cups
Water	1 ½ cups
Canned pumpkin	1 qt 1 ¾ cups
Fresh large eggs	4 each
Sugar	1 cup
Salt	¾ tsp
Ground cinnamon	1 Tbsp



Combine dry milk and water in a mixing bowl. Mix with paddle attachment for 30 seconds on low speed.

Add pumpkin, eggs, sugar, salt, and cinnamon. Mix for 3 minutes on low speed until combined. Into each pan 9 x 13 x 2 inch which has been lightly coated with pan release spray, pour 2 qt 1 cup pudding. For 25 servings, use 1 pan.

Bake until knife inserted in the center comes out clean.

Conventional oven: 350 °F for 35-40 minutes

Convection oven: 325 °F for 30-35 minutes

Refrigerate until ready to serve.

Cut each pan 5 x 5 (25 pieces). Portion is 1 piece.

1 piece provides 1/4 cup vegetable.

Yield: 25 servings

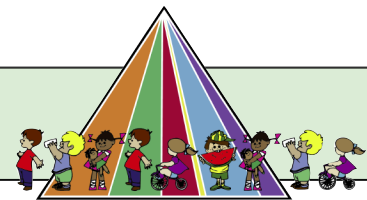
¹USDA Recipes for Child Care. Available online at www.nfsmi.org.

Sources

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U.S. Department of Agriculture, Food Nutrition Service, & National Food Service Management Institute. (2005). *USDA recipes for child care*. Retrieved January 11, 2008, from www.nfsmi.org

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